7!-!				COVER PAGE
Recipient Committee Campaign Statement	Type or print in	ink.	Date Stamp	CALIFORNIA 460
Cover Page				· 是一个人,是一个人的一个人的一个人。
Government Code Sections 84200-84216.5)		Data de la séculie de la contraction	City Clerk's Off	ICC Page 1 of 5
	Statement covers period from Jan 1, 2015	Date of election if applicable: (Month, Day, Year)	AUG - 4 2015	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through June 30, 2015	Nov 4, 2014	RECEIVE	Purmai)
. Type of Recipient Committee: All Committees - 0	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		/
	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Amendment (Explain	nt	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3. Committee Information	LD. NUMBER 1367931	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE		NAME OF TREASURER		
Friends of Bill Ferguson for Milpitas City Coun-	cil 2014	Bill Ferguson		
or but organized and proceedings		MAILING ADDRESS		
		862 Rivera St		
STREET ADDRESS (NO P.O. BOX) 862 Rivera St		CITY		ZIP CODE AREA CODE/PHONE
	CODE AREA CODE/PHONE	Milpitas NAME OF ASSISTANT TREASU		95035
Milpitas CA 950		TO MILE OF MODELS WITH THE MODELS	21,21,11,701,1	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.		MAILING ADDRESS		Warner of State of St
CITY STATE ZIP	CODE AREA CODE/PHONE	CITY	STATE Z	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	· · · · · · · · · · · · · · · · · · ·	OPTIONAL: FAX / E-MAIL ADD	DRESS	
1. Verification				
Net mice that it is a very large of the second of the	ing this statement and to the best of my kno	owledge the information contained h	erein and in the attached so	shedules is true and complete. I certify
under penalty of perjury under the laws of the State of Califor		242		
Executed onJuly 31, 2015	Ву	Tel Torghm		
Date		Signature of Treasurer or Assistan	nt Treasurer	
Executed on July 31, 2015 Date	By \ / \ / \ Signature of Co	ntrolling Officeholder, Candidate, State Measure F	roponent or Responsible Officer of Sp	ensor
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Prononent	
	5	-granite of softwaring streaming of definition		
Executed on	Ву	Signature of Controlling Officeholder, Candidate,	State Measure Proponent	EDBC Form 460 / January/06

COVER PAGE - PART 2					
CALIFORNIA 460					
Γ()IZIVI			l	
Page _	2	_ of _	5		

Officeholder or Candidate Controlled Committee		6.	Primarily Formed Balle	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE			· · · · · · · · · · · · · · · · · · ·	
Bill Ferguson							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER	ER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT
Milpitas City Council]	OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP		d=u4:6. 4 4u= ;u=6	Cbld		4	
862 Rivera St Milpitas, CA 95	5035		Identify the controlling of			te measure	proponent, ii an
			NAME OF OFFICEHOLDER, CA	NDIDATE, OR PR	OPONENT		
Related Committees Not Included in this Statemen not included in this statement that are controlled by you or are procontributions or make expenditures on behalf of your candidacy.	•		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME I.D. NU	MBER						
NAME OF TREASURER CONTR	COLLED COMMITTEE?	7.	Primarily Formed Can				
			officeholder(s) or candidate(s) for which this	s committee is	primarily form	nea.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	SHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME I.D. NU	MBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	HT OR HELD	SUPPORT
							OPPOSE
NAME OF TREASURER CONTR	ROLLED COMMITTEE? /ES		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOUG	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)							
CITY STATE ZIP CODE	AREA CODE/PHONE		Atta	ch continuati	on sheets if n	ecessary	

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

SEE INSTRUCTIONS ON REVERSE		through	June 30, 2015	Page3 of5
NAME OF FILER Friends of Bill Ferguson for Milpitas City Council 2014		1		I.D. NUMBER 1367931
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Running in Both th	nmary for Candidates e State Primary and
1. Monetary Contributions Schedule A, Line 3 2. Loans Received Schedule B, Line 3 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 4. Nonmonetary Contributions Schedule C, Line 3 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 0 0 0	\$ 0 0 \$ 0 0 \$ 0	20. Contributions Received \$	hrough 6/30 7/1 to Date \$\$
Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 11. TOTAL EXPENDITURES MADE Schedule E, Line 3 Add Lines 8 + 9 + 10	\$ <u>0</u> 0	\$ 0 0 \$ 0 0 0 0		Summary for State ve Expenditures Made* b Voluntary Expenditure Limit) Total to Date
Current Cash Statement Beginning Cash Balance Column A, Line 3 above 14. Miscellaneous Increases to Cash Column A, Line 8 above 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse	\$ 0 5 \$ 0 \$ 0	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section r reported in Column B.	may be different from amounts
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$10,870		1	FPPC Form 460 (January/05

Schedule B – Part 1 Loans Received	Time may as remained			-	Statement coverage Jan 1	ers period , 2015	CALIFORNIA 460		
EE INSTRUCTIONS ON REVERSE					through June	30, 2015	Page4	of5	
IAME OF FILER				.,,,,,,,		. , ,	I.D. NUMBER		
Friends of Bill Ferguson for Milpitas City	Council 2014						1367931		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D, NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVEI THIS PERIOL	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
Bill Ferguson PA2 Rivera St Ipitas, CA 95035	IT Manager Eden I&R			PAID \$ FORGIVEN	\$9910	% RATE	\$	\$O PER ELECTION**	
I IND COM OTH PTY SCC		\$9910	\$ <u>0</u>	\$	DATE DUE	\$	DATE INCURRED	\$	
		•	¢	PAID FORGIVEN	\$	RATE	\$	\$ PER ELECTION **	
OTH PTY SCC		9	V		DATE DUE	Ψ	DATE INCURRED	Ψ	
				\$FORGIVEN	\$	% RATE	\$	\$PER ELECTION **	
t□IND □COM □OTH □PTY □SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$	
		SUBTOTALS \$	0 :	B	\$ 9910	\$			
Schedule B Summary						(Enter (e) on Schedule E, Line 3	3)		
Loans received this period (Total Column (b) plus unitemized loan				\$	0		†Contributor Codes	·	
 Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that) paid or forgiven.)			\$	0		IND – Individual COM – Recipient Co (other than OTH – Other (e.g., PTY – Political Part	PTY or SCC) business entity)	
 Net change this period. (Subtract Line Enter the net here and on the Summar 	e 2 from Line 1.) y Page, Column A, Line 2.			NET \$	(May be a negative number)		SCC – Small Contri		

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

SCHEDULE B - PART 1

Schedule	e F	•	
Accrued	Expenses	(Unpaid	Bills)

Type or print in ink. Amounts may be rounded to whole dollars.

CALIFORNIA Statement covers period **FORM** Jan 1, 2015 from. June 30, 2015 Page ___5 through. I.D. NUMBER

1367931

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Bill Ferguson for Milpitas City Council 2014

CO	DES: If one of the following codes accurately describe	es the	payment, you may enter the code.	Otherwis	e, describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
L, D	fundraising events	POL	poliing and survey research		staff/spouse travel, lodging, and meals
	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)		voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be	SUBTOTALS	\$ 960	\$ 0	\$ 0	\$ 960
			1		
Peter Allen Media 1434 Settle Ave San Jose, CA	CNS	1600	0	0	960
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

summarized on Schedule D.

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for	(
accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	•
doction experience of the of more, place total atmost as a superior area.	
2. Total accrued expenses paid this period. (Include all Schedule F. Column (c) subtotals for payments on	

2.	Total accrued expenses paid this period.	(Include all Schedule F, Column (c) subtotals for payments of	on ,
	accrued expenses of \$100 or more, plus t	otal unitemized payments on accrued expenses under \$100) PAID TOTALS \$
	accided expenses of \$100 of more; place	otal antomizod paymonto on acondou expenses and the	/·····································

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and		960
on the Summary Page, Column A, Line 9.)	NET	\$ May be a possitive number

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in ink.	Date Stamp CALIFORNIA 460 FORM
(00.0)	Statement covers period Date of election if applica (Month, Day, Year)	FEB 2 2 2015 Page1 of8 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through Dec 31, 2014 Nov 4, 2014	RECEIVED
1. Type of Recipient Committee: All Committees - Co	omplete Parts 1, 2, 3, and 4. 2. Type of Statemer	nt:
 State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee 	Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7) Preelection Stater Camination Stater (Also file a Form 4) Amendment (Exp	ement Special Odd-Year Report ment Supplemental Preelection 410 Termination) Statement - Attach Form 495
	D. NUMBER Treasurer(s)	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Friends of Bill Ferguson for Milpitas City Council	NAME OF TREASURER	
STREET ADDRESS (NO P.O. BOX)	862 Rivera St	STATE ZIP CODE AREA CODE/PHONE
862 Rivera St	Milpitas	CA 95035
Milpitas STATE ZIP CC Milpitas CA 9503:	5	EASURER, IF ANY
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. E	MAILING ADDRESS	
CITY STATE ZIP CO	DDE AREA CODE/PHONE CITY	STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	OPTIONAL: FAX / E-MAIL	ADDRESS
I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on Feb 22, 2015 Date Executed on Date	g this statement and to the best of my knowledge the information contains a that the foregoing is true and correct. By Signature of Treasurer or Assignature of Controlling Officeholder, Candidate, State Meas	ssistant Treasurer
Executed on	BySignature of Controlling Officeholder, Cand	
Executed on	BySignature of Controlling Officeholder, Cand	didate, State Measure Proponent

NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE				
Bill Ferguson						
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICT	ION		SUPPORT
Milpitas City Council						OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND S	STREET) CITY STATE ZIP					
862 Rivera St	Milpitas, CA 95035	Identify the controlling of	fficeholder, ca	indidate, or state	measure pr	oponent, if a
		NAME OF OFFICEHOLDER, CA	ANDIDATE, OR P	ROPONENT		
Related Committees Not Included	in this Statement: List any committees					
	olled by you or are primarily formed to receive	OFFICE SOUGHT OR HELD		DIS	TRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER			1		
		7 Primarily Formed Car	ndidate/Offi	ceholder Comr	nittee <i>List</i>	names of
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Car				
	YES NO	officeholder(s) or candidate	(s) for which th	is committee is prii	marily forme	d.
			(s) for which th		marily forme	d.
	YES NO SS (NO P.O. BOX)	officeholder(s) or candidate	(s) for which the	is committee is prii	marily formed	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRES CITY STAT	YES NO SS (NO P.O. BOX) TE ZIP CODE AREA CODE/PHONE	officeholder(s) or candidate	(s) for which the	OFFICE SOUGHT	marily formed	d.
COMMITTEE ADDRESS STREET ADDRES	YES NO SS (NO P.O. BOX)	officeholder(s) or candidate	(s) for which the CANDIDATE	OFFICE SOUGHT	OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRES CITY STAT	YES NO SS (NO P.O. BOX) TE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OFFICE SOUGHT	OR HELD OR HELD OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS CITY STAT COMMITTEE NAME	YES NO SS (NO P.O. BOX) TE ZIP CODE AREA CODE/PHONE I.D. NUMBER	NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OFFICE SOUGHT OFFICE SOUGHT	OR HELD OR HELD OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRES CITY STAT COMMITTEE NAME NAME OF TREASURER	YES NO SS (NO P.O. BOX) TE ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR	CANDIDATE CANDIDATE CANDIDATE	OFFICE SOUGHT OFFICE SOUGHT OFFICE SOUGHT	OR HELD OR HELD OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from Oct 19, 2014

through Dec 31, 2014

CALIFORNIA 460

Page 3 of 8

I.D. NUMBER

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1367931 Friends of Bill Ferguson for Milpitas City Council 2014 Calendar Year Summary for Candidates Column A Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and TOTAL TO DATE (FROM ATTACHED SCHEDULES) **General Elections** 2600 1. Monetary Contributions Schedule A, Line 3 \$ ____ 1/1 through 6/30 7/1 to Date 410 9910 2. Loans Received Schedule B. Line 3 20. Contributions 910 12510 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ Received 0 0 4. Nonmonetary Contributions Schedule C, Line 3 21. Expenditures \$_____\$ 12510 910 Made **Expenditures Made Expenditure Limit Summary for State** 12405 4318 Candidates 6. Payments Made Schedule E, Line 4 \$ 0 7. Loans Made Schedule H. Line 3 22. Cumulative Expenditures Made* 4318 12405 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ (If Subject to Voluntary Expenditure Limit) 960 100 Total to Date Date of Election (mm/dd/yy) 0 0 10. Nonmonetary Adjustment Schedule C, Line 3 13365 4418 **Current Cash Statement** 3513 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ______ To calculate Column B, add 910 amounts in Column A to the corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. report. Some amounts in 4418 Column A may be negative figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 10,870 FPPC Form 460 (January/05) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _____

Schedule A **Monetary Contributions Received**

3. Total monetary contributions received this period.

Type or print in ink. Amounts may be rounded

SCHEDULE A **CALIFORNIA** Oct 19, 2014 **FORM**

Statement covers period to whole dollars. from Dec 31, 2014 through SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Friends of Bill Ferguson for Milpitas City Council 2014 1367931

Schedule /	A Summary				*Contributor C	Codes
			SUBTOTAL\$	500		and seed the seed of the seed
		□IND □COM □OTH □PTY □SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				
10/23/2014	Carpenters Regional Council ID Number: 972104 265 Hegenberger Rd, Oakland, CA	☐IND ☑COM ☐OTH ☐PTY ☐SCC		250	250	250
10/22/2014	Laborers Local 270 ID Number: 910351 555 Capitol Mall, Sacramento, CA	☐IND ☑COM ☐OTH ☐PTY ☐SCC		250	250	250
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
					1007	

Schedule A Summary 1. Amount received this period – itemized monetary contributions. 500 (Include all Schedule A subtotals.)\$ 2. Amount received this period – unitemized monetary contributions of less than \$100\$

IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other (e.g., business entity) PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

500

Schedul	e B – Part 1	
aana Da	anii ind	

** If required.

Type or print in ink.

Amounts may be rounded to whole dollars.

SCF	4EDI	II E	R-	PA	RT	1

Statement covers period

Loans Received		to whole dollar	'S.		from Oct 19	9, 2014	FORM	FORM 46U		
SEE INSTRUCTIONS ON REVERSE					through Dec	31, 2014	Page 85	of8		
Friends of Bill Ferguson for Milpitas City C	Council 2014						1367931			
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	EN CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD		(g) CUMULATIVE CONTRIBUTIONS TO DATE		
Bill Ferguson 862 Rivera St Milpitas, CA 95035	IT Manager Eden I&R	\$	ş410	PAID \$ FORGIVEN \$	\$ 9910 DATE DUE	% RATE	\$ DATE INCURRED	s 9910 PER ELECTION**		
				PAID \$FORGIVEN	\$	% RATE		CALENDAR YEAR \$ PER ELECTION **		
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$		
				PAID \$ FORGIVEN	\$	% RATE	\$	\$PER ELECTION **		
IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$		
		SUBTOTALS \$	410 \$	\$	\$ 9910		All the second s			
Schedule B Summary						(Enter (e) on Schedule E, Line	3)			
Loans received this period	s of less than \$100.) Dipaid or forgiven.) are also itemized on Sched	dule A.)		\$	410	-	†Contributor Codes IND – Individual COM – Recipient Co (other than OTH – Other (e.g., PTY – Political Party SCC – Small Contrib	ommittee PTY or SCC) business entity)		
3. Net change this period. (Subtract Line Enter the net here and on the Summary				NET \$ _	(May be a negative number)	. (
*Amounts forgiven or paid by another party also n	must be reported on Schedule A.									

Schedule E Payments Made

Type or print in ink. Amounts may be rounded to whole dollars.

	OUTEDOLL
Statement covers period	CALIFORNIA 160
fromOct 19, 2014	FORM 400
throughDec 31, 2014	Page of8
	I.D. NUMBER
	1367931

SCHEDULEE

1979

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Bill Ferguson for Milpitas City Council 2014

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research		staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
AMS 1725 De La Cruz Blvd Santa Clara, CA 95050	POS	Postage, Mailing	1320
Google 1600 Amphitheatre Pkwy Mt View, CA	LIT	Online advertising	200
AB Press 615 Stockton Ave San Jose, CA	LIT	Mailer	459

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)

2. Unitemized payments made this period of under \$100

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

TOTAL

TOTAL

SUBTOTAL\$

Schedule E

Type or print in ink.

Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA ACO	
ayments Made	to whole dollars.	fromOct 19, 2014	FORM 460	
E INSTRUCTIONS ON REVERSE		through Dec 31, 2014	Page of8	
ME OF FILER			I.D. NUMBER	
Friends of Bill Ferguson for Milpitas City Council	2014		1367931	

CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member common meetings and office expensions petition circul phone banks polling and suppostage, deliverselves.	munications I appearance ses ating urvey researd very and me	s		radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production candidate travel, lodging, and meals staff/spouse travel, lodging, and metransfer between committees of the voter registration	als same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR .	DESCRIPTIO	N OF PAYMENT	AMOUNT PAID
Autumn Press 945 Camelia St		LIT	mailer			843

Autumn Press 945 Camelia St Berkeley, CA	LIT	mailer	843
USPS 450 S Abel St Milpitas, CA	POS	Postage for mailer	250
PDI 2001 W Magnolia St Burbank, CA	CNS	Data	156
Susan Strong Communication Consultant Box 892 Orinda, CA	CNS	Communication consultant	450
Peter Allen Media 1434 Settle Ave San Jose, CA	CNS	Consultant	640

 * Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

2339

Schedule F **Accrued Expenses (Unpaid Bills)**

Type or print in ink. Amounts may be rounded to whole dollars.

CALIFORNIA Statement covers period **FORM** Oct 19, 2014 from Dec 31, 2014 I.D. NUMBER

through SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1367931 Friends of Bill Ferguson for Milpitas City Council 2014

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.							
CMP campaign paraphernalia/misc.	MBR member communication		RAD radio airtime a	RAD radio airtime and production costs			
CNS campaign consultants	MTG meetings and appeara	nces		returned contributions			
CTB contribution (explain nonmonetary)*	OFC office expenses			1 5			
CVC civic donations	PET petition circulating			· ·			
FIL candidate filing/ballot fees	PHO phone banks			TRC candidate travel, lodging, and meals			
FND fundraising events	POL polling and survey res		•	avel, lodging, and meals	aandidata/ananaar		
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and			en committees of the sa	me candidate/sponsor		
LEG legal defense	PRO professional services ((legal, accounting)	VOT voter registrati	n mail)			
LIT campaign literature and mailings	PRT print ads		WEB information technology costs (internet, e-mail)				
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		
Peter Allen Media 1434 Settle Ave San Jose, CA	CNS	1600	0	640	960		

350 100 450 0	n Consultant CNS	Susan Strong Communication Consultant Box 892 Orinda, CA

^{*} Payments that are contributions or independent expenditures must also be SUBTOTALS \$ 100 \$ 1090 \$ 960 1950 \$ summarized on Schedule D.

Schedule F Summary

1.	. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	INCURRED TOTALS \$	100
2.	Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on	PAID TOTALS \$	1090
3.	Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET \$	-990

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	ink.	Date Stamp	CALIFORNIA 460
(COVERNMENT COME SECTIONS 54200-64210.3)	Statement covers period from Oct 1, 2014	Date of election if applicable: (Month, Day, Year)	OCT 2 3 20	Page 1 of 8 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	throughOct 18, 2014	Nov 4, 2014	RECEIV	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Crimarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	ermination)	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
	. NUMBER 367931	Treasurer(s) NAME OF TREASURER		
Friends of Bill Ferguson for Milpitas City Council	2014	Bill Ferguson MAILING ADDRESS 862 Rivera St		
862 Rivera St		сітү Milpitas	CA 9	ZIP CODE AREA CODE/PHONE 95035
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	5	NAME OF ASSISTANT TREASUR	RER, IF ANY	
CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE Z	ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS	
I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Oct 23, 2014	By	Tayun Signature of Treasurer or Assistant T Torgum	reasurer nonent or Responsible Officer of Sp	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, Sta	ate Measure Proponent	

COVER PAGE - PART 2						
	FORNIA DRM	460				
Page _	2	of8				

	rolled Committee	6. Primarily Fo	rmed Ballot Measure	Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT	MEASURE		
Bill Ferguson					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION)	TION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR L	ETTER JURISDICT	ION	SUPPORT
Milpitas City Council					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AN	ND STREET) CITY STATE ZIP				
862 Rivera St	Milpitas, CA 95035	Identify the co	ntrolling officeholder, ca	andidate, or state measu	are proponent, if any
		NAME OF OFFICE	HOLDER, CANDIDATE, OR P	ROPONENT	
Related Committees Not Include not included in this statement that are co contributions or make expenditures on be	ed in this Statement: List any committees introlled by you or are primarily formed to receive ehalf of your candidacy.	OFFICE SOUGHT	OR HELD	DISTRICT	NO. IF ANY
COMMITTEE NAME	I.D. NUMBER	 			
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Fo	rmed Candidate/Offi or candidate(s) for which th	ceholder Committee is committee is primarily i	List names of formed.
COMMITTEE ADDRESS STREET ADD	RESS (NO P.O. BOX)	NAME OF OFFICE	HOLDER OR CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE
CITY	STATE ZIP CODE AREA CODE/PHONE	NAME OF OFFICE	HOLDER OR CANDIDATE	OFFICE SOUGHT OR HE	LD SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICE	LICURED OR CAMPURATE	055105 00110117 00 115	
		NAME OF OFFICE	HOLDER OR CANDIDATE	OFFICE SOUGHT OR HE	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICE	HOLDER OR CANDIDATE	OFFICE SOUGHT OR HE	LD —
					SUPPORT
	YES NO				OPPOSE
COMMITTEE ADDRESS STREET ADD	RESS (NO P.O. BOX)				

Campaign Disclosure Statement Summary Page

NAME OF FILER

Type or print in ink. Amounts may be rounded

SUMMARY PAGE

Statement covers period **CALIFORNIA** to whole dollars. **FORM** Oct 1, 2014 from Oct 18, 2014 Page _ through SEE INSTRUCTIONS ON REVERSE I.D. NUMBER Friends of Bill Ferguson for Milpitas City Council 2014 1367931

Contributions Received	(Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	1725	\$	2100	General Elections
2. Loans Received		2000		9500	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	3725	\$	11600	20. Contributions
4. Nonmonetary Contributions		0		0	Received \$ \$
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	3725	\$	11600	21. Expenditures Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	2311	\$	8087	Candidates
7. Loans Made Schedule H, Line 3		Ð		0	00.0 1.0 5 10 10 10 10
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	2311	\$	8087	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		550		1950	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0		0	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	2811	\$	10,037	\$
Current Cash Statement					\$
12. Beginning Cash Balance	\$	2099	To	calculate Column B. add	
13. Cash Receipts Column A, Line 3 above		3725	am	ounts in Column A to the	·
14. Miscellaneous Increases to Cash Schedule I, Line 4		0		responding amounts n Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above		2311	rep	ort. Some amounts in lumn A may be negative	reported in Column B.
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	3513	figu	ires that should be	
If this is a termination statement, Line 16 must be zero.			per	otracted from previous iod amounts. If this is	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0	for	first report being filed this calendar year, only ry over the amounts	
Cash Equivalents and Outstanding Debts		_		m Lines 2, 7, and 9 (if	
18. Cash Equivalents			ĺ .	•	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	11,450			FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A **Monetary Contributions Received**

Type or print in ink. Amounts may be rounded to whole dollars

SCHEDULE A

Monetary Contributions Received			ts may be rounded whole dollars.	Statement cov	ers period , 2014	CALIFORNIA 460					
SEE INSTRUCTIO	ONS ON REVERSE			through Oct	18, 2014	Page .	4 of8				
NAME OF FILER Friends of	Bill Ferguson for Milpitas City Council 2014			, , , , , , , , , , , , , , , , , ,		I.D. NU 13679					
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)				
10/12/2014	Danielle James 1457 Ranchita Dr Los Altos, CA 94024	☑IND □COM □OTH □PTY □SCC	Homemaker	250	250 150 250				250		
10/3/2014	Mike McIntery 820 Kizer St Milpitas, CA 95035	☑IND □COM □OTH □PTY □SCC	retired	150					150		150
10/17/2014	Jey Surier 1069 Vista Del Mar San Jose, CA 95132	☑IND □COM □OTH □PTY □SCC	Engineer Cisco	250			250				
10/14/2014	Plumbers & Steamfitters - Local 393 6150 Cottle Rd San Jose, CA 95123	☐IND ☐COM ☑OTH ☐PTY ☐SCC		250	2	50	250				
10/9/2014	Sheet Metal Workers - Local 104 2350 Lundy Pl San Jose, CA 95131	□IND □COM ☑OTH □PTY □SCC		250	2	50	250				
			SUBTOTAL\$	1150							
1. Amount red (Include all	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.)			1725 0	IND COM-	(other t	I nt Committee han PTY or SCC)				
3. Total monet	ceived this period – unitemized monetary contributions tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colur				PTY-	- Political - Small C	e.g., business entity) Party ontributor Committee				

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE A (CONT.)
Statement covers period from Oct 1, 2014	CALIFORNIA 460
throughOct 18, 2014	Page5 of8

NAME OF FILER

Friends of Bill Ferguson for Milpitas City Council 2014

1367931

I.D. NUMBER

A		T				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/2/2014	Emily Thurber 694 Benevenue Ave Los Altos, CA 94024	☑IND □COM □OTH □PTY □SCC	Retired	50	50	50
10/5/2014	Robert Petit 2014 Forgetree Ct San Jose, CA 95131	☑IND □COM □OTH □PTY □SCC		50	50	50
10/17/2014	IBEW 332 2125 Canoas Garden Ave Ste 100 San Jose CA 95125	□IND □COM ☑OTH □PTY □SCC		200	200	200
10/14/2014	AFSCME - Local 1587 2055 Junction Ave - 232 San Jose, CA 95120	□IND □COM ☑OTH □PTY □SCC		250	250	250
10/15/2014	Diane Rolfe 1360 Emerson St Palo Alto, CA 94301	☑IND □COM □OTH □PTY □SCC	Retired	25	25	25
			SUBTOTAL\$	575		

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule B – Part 1 _oans Received	Type or print in ink. Amounts may be rounded to whole dollars.				Statement cov	ers period , 2014	SCHE CALIFORN FORM	IA 460
EEE INSTRUCTIONS ON REVERSE IAME OF FILER Friends of Bill Ferguson for Milpitas City (Council 2014				through Oct	18, 2014	Page6 I.D. NUMBER 1367931	of8
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Bill Ferguson 362 Rivera St Milpitas, CA 95035	IT Manager Eden I&R	\$	s 2000	PAID FORGIVEN	\$ 9500		\$	CALENDAR YEAR \$ 9500 PER ELECTION**
□ IND □ COM □ OTH □ PTY □ SCC				PAID \$ FORGIVEN	DATE DUE	RATE	DATE INCURRED	CALENDAR YEAR \$ PER ELECTION **
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID \$ FORGIVEN	\$	% RATE	\$	\$PER ELECTION **
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
Schedule B Summary		SUBTOTALS \$			\$ 9500	(Enter (e) on Schedule E, Line 3)		
Loans received this period				\$	2000			

S

1.	Loans received this period	\$	2000
	(Total Column (b) plus unitemized loans of less than \$100.)		
2.	Loans paid or forgiven this period	\$.	0
3.	Net change this period. (Subtract Line 2 from Line 1.)	\$.	2000

(May be a negative number)

†Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

SCC - Small Contributor Committee

Enter the net here and on the Summary Page, Column A, Line 2.

^{*}Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

Schedule E	
Payments Made	

Type or print in ink. Amounts may be rounded to whole dollars.

		SCHEDULE E
Statement covers period		CALIFORNIA ACO
from	Oct 1, 2014	FORM 40U
through	Oct 18, 2014	Page7 of8
		I.D. NUMBER
		1007001

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Friends of Bill Ferguson for Milpitas City Council 2014				1367	931
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expen PET petition circu PHO phone banks POL polling and s POS postage, del	munications d appearance uses lating s survey researd ivery and mes	s	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR D	ESCRIPTION OF PAYMENT	AMOUNT PAID
AMS 1725 De La Cruz Blvd Santa Clara, CA 95050		POS	Postage, Maili	ng	2261

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT		AMOUNT PAID
AMS 1725 De La Cruz Blvd Santa Clara, CA 95050	POS	Postage, Mailing	2261
Google 1600 Amphitheatre Pkwy Mt View, CA	LIT	Online advertising	50

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 2311

Schedule E Summary

Itemized payments made this period. (Include all Schedule E subtotals.)	\$_	2311
2. Unitemized payments made this period of under \$100		0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$_	
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A. Line 6.)	TOTAL \$	2311

Schedule F **Accrued Expenses (Unpaid Bills)**

Type or print in ink. Amounts may be rounded to whole dollars.

MBR member communications

petition circulating

OFC office expenses

phone banks

PET

PHO

POL

POS

MTG meetings and appearances

polling and survey research

postage, delivery and messenger services

Staten	nent covers period	CALIF	\mathbf{A}	60	
from	Oct 1, 2014	FO	RM	4	UU
through_	Oct 18, 2014	Page _	8	of	8

I.D. NUMBER

1367931

SEE INSTRUCTIONS ON REVERSE

CMP campaign paraphernalia/misc.

candidate filing/ballot fees

contribution (explain nonmonetary)*

campaign consultants

fundraising events

CVC civic donations

FIL

IND

FND

NAME OF FILER

Friends of Bill Ferguson for Milpitas City Council 2014

independent expenditure supporting/opposing others (explain)*

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

RAD radio airtime and production costs RFD returned contributions

SAL campaign workers' salaries

t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor

PRO professional services (PRT print ads	legal, accounting)	VOT voter registration WEB information technology costs (internet, e-mail)				
CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		
CNS	1000	600	0	1600		
CNS	400	50	100	350		
SUBTOTALS \$	1400	\$ 650	100	1950		
	CODE OR DESCRIPTION OF PAYMENT CNS CNS	PRT print ads CODE OR OUTSTANDING BALANCE BEGINNING OF THIS PERIOD CNS 1000 CNS 400	PRT print ads CODE OR OUTSTANDING BALANCE BEGINNING OF THIS PERIOD CNS 1000 600 CNS 400 50	PRT print ads WEB information technology costs (internet, (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD CNS 1000 600 AMOUNT INCURRED THIS PERIOD AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) CNS 400 500 1000 1000		

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for

650

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on

550

100

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

Feciplent Committee Campaign Statement Cover Page	Type or print is	Type or print in ink.			COVER PAGE ORNIA 460
(Government Code Sections 84200-84216.5)	Statement covers period fromJuly 1, 2014	Date of election if applicable: (Month, Day, Year)	OCT 0 6 20	rage	r Official Use Only
CFE INSTRUCTIONS ON REVERSE	through Sept 30, 2014	Nov 4, 2014	CODE A MESSAGE FOR STATE OF ST		
1. Type of Recipient Committee: All Committees -		2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	ermination)	Quarterly Stater Special Odd-Ye Supplemental P Statement - Atta	ar Report reelection
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE Friends of Bill Ferguson for Milpitas City Cour STREET ADDRESS (NO P.O. BOX) 862 Rivera St CITY STATE ZIP	• *	Treasurer(s) NAME OF TREASURER Bill Ferguson MAILING ADDRESS 862 Rivera St CITY Milpitas NAME OF ASSISTANT TREASUR	STATE CA RER. IF ANY	ZIP CODE 95035	AREA CODE/PHONE
Milpitas CA 95 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.	035	MAILING ADDRESS	STATE	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS	WAR GODEN TOTAL	OPTIONAL: FAX / E-MAIL ADDF			
4. Verification I have used all reasonable diligence in preparing and review under penalty of perjury under the laws of the State of Calife Date Executed on Oct 6, 2014 Executed on Date Executed on Date Executed on Date	omia that the foregoing is true and correct.	nowledge the information contained he By Jayuss Signature of Treasurer or Assistant Jayuss Ontrolling Officeholder, Candidate, State Measure Pro	Treasurer opponent or Responsible Officer o		and complete. I certify
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	FF	PPC Form 460 (January/05)

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

			med Ballot Measure		
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT	MEASURE		
Bill Ferguson					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION A	AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LE	TTER JURISDICT		SUPPORT
Milpitas City Council					OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND ST	REET) CITY STATE ZIP				
862 Rivera St	Milpitas, CA 95035	-		andidate, or state measur	e proponent, if any
		NAME OF OFFICE	HOLDER, CANDIDATE, OR F	PROPONENT	
Related Committees Not Included in not included in this statement that are controll contributions or make expenditures on behalf	led by you or are primarily formed to receive	OFFICE SOUGHT	DR HELD	DISTRICT N	D. IF ANY
COMMITTEE NAME	I.D. NUMBER			, , , , , , , , , , , , , , , , , , , ,	
NAME OF TREASURER	CONTROLLED COMMITTEE?			iceholder Committee	
NAME OF TREASURER	CONTROLLED COMMITTEE?			iceholder Committee his committee is primarily fo	
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS	YES NO	officeholder(s) or			rmed.
	YES NO	officeholder(s) of	candidate(s) for which ti	his committee is primarily fo	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS	YES NO	NAME OF OFFICE	candidate(s) for which ti	office sought or held	SUPPORT SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS CITY STATE	YES NO S (NO P.O. BOX) ZIP CODE AREA CODE/PHONE	NAME OF OFFICE	HOLDER OR CANDIDATE HOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE OPPOSE
COMMITTEE ADDRESS STREET ADDRESS CITY STATE	YES NO S (NO P.O. BOX) ZIP CODE AREA CODE/PHONE	NAME OF OFFICE	HOLDER OR CANDIDATE HOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS CITY STATE COMMITTEE NAME NAME OF TREASURER	YES NO NO P.O. BOX) ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO	NAME OF OFFICE	HOLDER OR CANDIDATE HOLDER OR CANDIDATE HOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE
COMMITTEE ADDRESS CITY STATE COMMITTEE NAME	YES NO NO P.O. BOX) ZIP CODE AREA CODE/PHONE I.D. NUMBER CONTROLLED COMMITTEE? YES NO	NAME OF OFFICE	HOLDER OR CANDIDATE HOLDER OR CANDIDATE HOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD	SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE SUPPORT OPPOSE

Campaign Disclosure Statement Summary Page

Type or print in ink. Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period **CALIFORNIA** July 1, 2014 **FORM** Sept 30, 2014 Page. I.D. NUMBER

from through SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Bill Ferguson for Milpitas City Council 2014 1367931 Column A Column B Calendar Year Summary for Candidates Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 375 1/1 through 6/30 7/1 to Date 7500 7500 2. Loans Received Schedule B. Line 3 7875 7875 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ Received 0 0 21. Expenditures 7875 7875 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ Made **Expenditures Made Expenditure Limit Summary for State** 6. Payments Made Schedule E, Line 4 \$ 5776 5776 Candidates 7. Loans Made Schedule H, Line 3

7.05 2,105 0 1 1	Ψ		Ψ	(ii Subject to Valu	intary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		1400	1400	Date of Election	Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0	0	(mm/dd/yy)	Total to Date
11. TOTAL EXPENDITURES MADE	\$	7176	\$7176		\$
Current Cash Statement					\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	0	To calculate Column B, add		
13. Cash Receipts		7875	amounts in Column A to the		
14. Miscellaneous Increases to Cash Schedule I. Line 4		0	corresponding amounts	*Amounts in this section may l	pe different from amounts

8900

5776

5776 2099 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse \$

8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$

19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$

from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if

0

5776

reported in Column B.

22. Cumulative Expenditures Made*

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A **Monetary Contributions Received**

Friends of Bill Ferguson for Milpitas City Council 2014

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A Statement covers period **CALIFORNIA** July 1, 2014 FORM from

Sept 30, 2014 through

> I.D. NUMBER 1367931

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8/26/2014	David Cohen 862 Cape Verde PI San Jose, CA 95123	☑IND □COM □OTH □PTY □SCC	Engineering Manager LAM Research	100	100	100
8/20/2014	Phyllis Ward 1806 Kirklyn Dr San Jose CA 95124	☑IND □COM □OTH □PTY □SCC	retired	50	50	50
9/28/2014	Buu Thai 3464 Tuers Rd San Jose, CA 95121	☑IND □COM □OTH □PTY □SCC	Reentry Policy Coord County of Santa Clara	200	200	200
	Larry Hannigan 89 Washington Dr Milpitas, CA 95035	□IND . □COM □OTH □PTY □SCC	self-employed film maker	25	25	25
		□IND □COM □OTH □PTY □SCC				
			SUBTOTAL\$	375		
Schedule A	A Summary eived this period – itemized monetary contributions. Schedule A subtotals.)		4	375	*Contributor C IND – Individua COM – Recipie	al

2. Amount received this period – unitemized monetary contributions of less than \$100\$

3. Total monetary contributions received this period. 375 (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toli-Free Helpline: 866/ASK-FPPC (866/275-3772)

		Type or print in	ink.	_			SCHE	EDULE B - PAR
Schedule B – Part 1 Loans Received	Amounts may be rounded Staten to whole dollars.			Statement co	vers period 1, 2014	CALIFORN FORM	^{IA} 460	
SEE INSTRUCTIONS ON REVERSE					through Sep	t 30, 2014	Page5	of9
NAME OF FILER							I.D. NUMBER	
Friends of Bill Ferguson for Milpitas City	Council 2014						1367931	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD, NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVI THIS PERIC	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIO TO DATE
Bill Ferguson 862 Rivera St Milpitas, CA 95035	IT Manager Eden I&R			PAID \$ FORGIVEN	_ \$7500	% RATE	\$	calendar yea \$7500 PER ELECTION
† IND COM OTH PTY SCC		\$	\$7500	\$	DATE DUE	\$	DATE INCURRED	\$
				\$FORGIVEN	\$	RATE	\$	\$PER ELECTION
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID \$FORGIVEN	\$		\$	\$PER ELECTION
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS S	7500	\$	\$ 7500	\$		
Schedule B Summary						(Enter (e) on Schedule E, Line 3))	
Loans received this period				\$	7500			
(Total Column (b) plus unitemized loan:				Ψ		_	Contributor Codes	i
2. Loans paid or forgiven this period				\$ _	0		ND – Individual COM – Recipient Co	ommittee

Enter the net here and on the Summary Page, Column A, Line 2. *Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

(Include loans paid by a third party that are also itemized on Schedule A.)

(Total Column (c) plus loans under \$100 paid or forgiven.)

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Schedule	E
Payr ents	Made

Type or print in ink. Amounts may be rounded

Cist nert covers period	A PORNIA WAR
from uly 1, 2014	FORM 4 400
through Sept 30, 2014	Page6 of9
	I.D. NUMBER
	1367931

SCHEDULEE

to while dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Bill Ferguson for Milpitas City Council 2014 CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs MBR member communications CMP campaign paraphernalia/misc. RFD returned contributions MTG meetings and appearances CNS campaign consultants SAL campaign workers' salaries OFC office expenses CTE contribution (explain nonmonetary)* t.v. or cable airtime and production costs petition circulating CVC civic donations candidate travel, lodging, and meals TRC PHO phone banks FIL candidate filing/ballot fees staff/spouse travel, lodging, and meals POL polling and survey research TRS FND fundraising events transfer between committees of the same candidate/sponsor TSF POS postage, delivery and messenger services IND independent expenditure supporting/opposing others (explain)* voter registration VOT professional services (legal, accounting) LEG legal defense information technology costs (internet, e-mail) PRT print ads campaign literature and mailings NAME AND ADDRESS OF PAYEE AMOUNT PAID DESCRIPTION OF PAYMENT CODE OR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Campaign brochure Autumn Press 1874 LIT 945 Camelia St Berkeley, CA Envelopes InkWorks Press 251 LIT 2827 Seventh St Berkeley, CA phone calls California Application Research 377 PHO 235 N San Joaquin St Stockton, CA SUBTOTAL\$ 2502 Payments that are contributions or independent expenditures must also be summarized on Schedule D. Schedule E Summary 2502 1. Itemized payments made this period. (Include all Schedule E subtotals.) \$______\$ 2. Unitemized payments made this period of under \$100\$ _____ 2502

Schedule E (Continuation Sheet) **Payments Made**

CMP campaign paraphernalia/misc.

CNS campaign consultants

Type or print in ink. Amounts may be rounded to whole dollars.

MBR member communications

MTG meetings and appearances

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

	001122022 2 (001111)
Statement covers period	CALIFORNIA A 60
fromJuly 1, 2014	FORM 400
through Sept 30, 2014	Page 7 of 9
	I.D. NUMBER
	1367931

radio airtime and production costs

returned contributions

RAD

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Bill Ferguson for Milpitas City Council 2014

SAL campaign workers' salaries CTB contribution (explain nonmonetary)* OFC office expenses petition circulating TEL t.v. or cable airtime and production costs PET CVC civic donations candidate travel, lodging, and meals phone banks TRC FIL candidate filing/ballot fees staff/spouse travel, lodging, and meals fundraising events polling and survey research TRS transfer between committees of the same candidate/sponsor postage, delivery and messenger services **TSF** independent expenditure supporting/opposing others (explain)* ND professional services (legal, accounting) TOV voter registration legal defense LEG information technology costs (internet, e-mail) campaign literature and mailings PRT print ads WEB NAME AND ADDRESS OF PAYEE AMOUNT PAID CODE OR DESCRIPTION OF PAYMENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Filing Fee-Candidate Statement City of Milpitas FIL 1900 455 E Calaveras BI Milpitas, CA **US Post Office** Stamps POS 29.40 450 S Abel, Milpitas Staples Paper, toner **OFC** 49 627 E Calaveras Bl Milpitas, CA Storytellers for Good Message Consultant 500 CNS 1318 Fulton St San Francisco Consultant Wakingstar CNS 500 2150 Allston Way Berkeley, CA **SUBTOTAL \$** * Payments that are contributions or independent expenditures must also be summarized on Schedule D. 2978

SCHEDULE E (CONT.)

Schedule E (Confinuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE	Type or print in ink. Amounts may he rounded to whole deliars.			Statement covers period from July 1, 2014 through Sept 30, 2014	Page	
NAME OF FILER					1.D. NUMBER 1367931	₹
Friends of Bill Ferguson for Milpitas City Council 2014	and a magazine control of the second and a s	TO SEE THE SEE SEE SEE SEE SEE SEE SEE SEE SEE S	tan this padia. Oth	onuica describe the navmen	er eren a ver n → × ii salata te t	
CCDES: If one of the following codes accurately describ CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FII. candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member commetings and OFC office expension circul PHO phone banks POL polling and service of the process of the process of the process of the polling and service of the process of th	munications d appearances ses ating urvey researd very and mes	3	RAD radio airtime and production returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production trace candidate travel, lodging, a staff/spouse travel, lodging transfer between committed voter registration were made information technology contributions.	on costs es roduction costs and meals g, and meals ees of the same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE C	DR DE	SCRIPTION OF PAYMENT		AMOUNT PAID
California Secretary of State 1500 11th St Sacramento, CA		FIL	Filing fee	· ·		5
Google 1600 Amphitheatre Pkwy Mt View, CA		LIT	Google ads			5
A2 Hosting Box 2998 Ann Arbor, MI		WEB	web site hosting	g		9

Schedule F **Accrued Expenses (Unpaid Bills)**

Type or print in ink. Amounts may be rounded to whole dollars.

CALIFORNIA Statement covers period **FORM** July 1, 2014 from. Sept 30, 2014 Page. I.D. NUMBER

through SEE INSTRUCTIONS ON REVERSE NAME OF FILER Friends of Bill Ferguson for Milpitas City Council 2014 1367931

CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	Des the payment, you may enter the code. MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads		Otherwise, describe the payment. RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/spons VOT voter registration WEB information technology costs (internet, e-mail)				
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		
Peter Allen Media 1434 Settle Ave San Jose, CA	CNS	0	1000	0	1000		

		25 17 17 17 17 17 17 17 17 17 17 17 17 17			
Susan Strong Communication Consultant Box 892 Orinda, CA	CNS	0	500	100	400

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. 100 \$ 1400 1500 \$ **SUBTOTALS \$** \$

Schedule F Summary

Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) INCURRED TOTALS \$	
accided expenses of \$100 of more, plus total anitemized document expenses and \$1,000/minutes and \$1,000/minu	
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on	100

3.	Net change this period. (Subtract Line 2 from Line	1.	Enter	the	difference	here	and
	on the Summary Page, Column A, Line 9.)						